



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

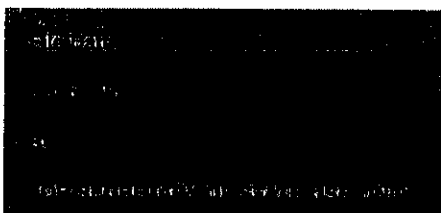
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155040		2. Exact name of the Corporation JAHEY & JAHEY CORPORATION			
3. Principal office address 1185 Cranston Street			City Cranston	State RI	Zip 02920
4. Business Phone No. 944-4430			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To operate a car dealership and other lawful purposes.					
LIST OF OFFICERS, NAMES AND ADDRESSES					
President Name AYAD JAMOUS			Vice-President Name FATIHA LAKHIM		
Street Address 40 NEWBURY STREET			Street Address 40 NEWBURY STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST OF DIRECTORS, NAMES AND ADDRESSES					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	COMMON	no par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Ayad Jamous 2/10/16
 Signature of Authorized Representative Date

AYAD JAMOUS
 Print or Type Name of Authorized Representative

FILED
FFB 16 2016
RV 16 2558